

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	75316	10/16/00
O.I.P.E. CLASSIFIER		47	10/20/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CH	004134	

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/6/00
2	✓	✓	05/16/01
3	✓	✓	11/05
4	✓	✓	
5	✓	✓	
6	✓	✓	
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If more than 150 claims or 10 actions  
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